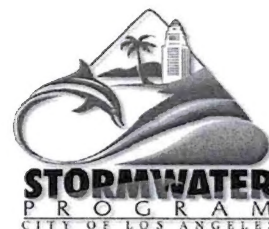


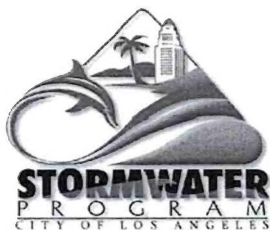
# WATERSHED PROTECTION DIVISION UPDATE CALL LOG-IN REPORT

City of Los Angeles  
Department of Public Works  
Bureau of Sanitation



<b>Call ID Number:</b> 26033		<b>Date of Call:</b> 03/22/2016		<b>Time of Call:</b> 0800AM	
<b>Caller Name:</b>			<b>Type of Caller:</b> Referral Agency		
<b>Caller Address:</b>  Los Angeles CA					
<b>Call Telephone:</b>					
<b>Nature of Complaint:</b> Homeless Encampment					
<b>Details of Complaint:</b> authorization 2015-00991 completed 3/22/16 by MM/AS homeless encampment cleanup					
<b>Discharge Location:</b> <b>Street No.:</b> 4640		<b>Street Dir.:</b>		<b>Street Name:</b> Vermont Place	
<b>Address Comment:</b> Vermont			<b>Thgd Pge/Grid:</b> 594A5		<b>ZIP:</b> 90029
<b>Call Received by:</b> STEVE PEDERSEN					
<b>Agency Contacted:</b>					
<b>Agency Rep Contacted:</b>					
<b>SMD Response to Complainant:</b>					
<b>Enforcement Actions:</b> <input type="checkbox"/> NTC <input type="checkbox"/> Referred to DA <input type="checkbox"/> Referred to EPA <input type="checkbox"/> Referred to Other (specify): <input type="checkbox"/> Verbal Warning <input type="checkbox"/> NOV <input type="checkbox"/> Referred to City Attorney					
<b>CT./Notice/Order No.:</b>			<b>Manifest No.:</b>		
<b>Enforcement Comments:</b>					
<b>Was Complaint Resolved:</b>			<b>Was Caller Informed:</b> N		<b>If Yes, Date Informed:</b>
<b>Investigating Inspector:</b> MICHAEL MILLER			<b>Second Responder:</b> ADAM SMITH		<b>Date of Report:</b> 09/29/2016
<b>Senior Inspector Review:</b>			<b>Date:</b>		





# CITY OF LOS ANGELES WATERSHED PROTECTION DIVISION COMPLAINT INVESTIGATION REPORT

**Date:** 03/22/2016

**Time:** 0800AM

**CASE ID NUMBER:** 26033

**Purpose:** Homeless Encampment

**Inspectors:** MICHAEL MILLER

ADAM SMITH

**Facility Name:**

**Location:** 4640 Vermont Place  
Los Angeles 90029

**Cross Street:** Vermont

**NOTES:** WPD Environmental officers Miller and Smith along with Clean Harbors and Sanitation Solids arrived at the site location. A full cleanup was performed. See documents section.

**Inspector's Name:** MICHAEL MILLER

**INSPECTOR'S SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

**SENIOR INSPECTOR'S SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_





# LASAN - WPD ENFORCEMENT: PIMS Number 26033

CATEGORY	4640 Vermont Place		
			TOTAL - BOTH TEAMS
Solid Waste (tons)			0.25
Property Locations/Sites processed (includes individuals asked to move their belongings)			2
Bags/items sent to storage (The Bin)			0
Enforcement citations issued (all types)			0
Requests/education for services			0
Non-RCRA urine/feces lbs./gallons			30
Feces container(s) location(s)			4
Urine container(s) location(s)			1
Non-RCRA paint waste lbs./gallons			0
paint containers			0
Non-RCRA waste oil lbs./gallons			0
oil containers			0
RCRA Hazardous Waste lbs./gallons			30
Toxic (pesticides, herbicides, metals) container(s)			0
Sharps (needles, razors, shavers)			72
Drug paraphernalia			0
Reactive (oxidizers, peroxides, water rx) container(s)			0
Ignitable (flammable/combustible) container(s)			0
Corrosive (2<pH>12.5) container(s)			0
Waste batteries			0
Vectors location(s)			0
Piles/Locations with Rodents			0
Piles/Locations with Parasites (lice, bed bugs, fleas etc.)			0

## METRICS

	Piles/Locations with Dead animal carcass				0	
	Piles/Locations with Cockroaches				0	
	The Bin (Venice)				0	
	Property returned to owner				0	



CAS# 1100730750

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>CAS111111019</b>	2. Page 1 of 1	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>009498879 FLE</b>
5. Generator's Name and Mailing Address <b>Los Angeles City of Bus</b> <b>2714 Media Center Drive Watershed Protection Division # 7025</b> <b>Los Angeles CA 90066</b> Generator's Phone: <b>(323) 342-1874</b> ATTN: Steve Pedersen					
6. Transporter 1 Company Name <b>Clean Harbors Environmental Service, Inc</b>					
7. Transporter 2 Company Name					
8. Designated Facility Name and Site Address <b>Clean Harbors Aragonite LLC</b> <b>11600 North Antis Road</b> <b>Granville UT 84029</b> Facility's Phone: <b>4358848100</b>					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers	11. Total Quantity
				No. Type	12. Unit WL/Vol.
	1. NONE, NON-RCRA HAZARDOUS WASTE, SOLIDS, (HUMAN FECES), N/A			01 DF	30 P
	2.				
	3.				
14. Special Handling Instructions and Additional Information 1. LA3TH-2222 : 1x501 in 12, 1x1601					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name <b>ADAM SMITH</b> <b>WUPD</b>					
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. <input checked="" type="checkbox"/> Port of entry/exit: <b>LA</b> Transporter signature (for exports only): <b>[Signature]</b> Date leaving U.S.: <b>12/2/16</b>					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <b>CHRISTOPHER HUNTER</b> <b>[Signature]</b> <b>12/2/16</b>					
Transporter 2 Printed/Typed Name <b>[Signature]</b> <b>12/2/16</b>					
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name Signature Month Day Year					





UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CA911111019	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 009494666	FILE		
5. Generator's Name and Mailing Address Los Angeles City of 80s 2714 Media Center Drive Watershed Protection Division # 7025 Los Angeles, CA 90066 Generator's Phone: (323) 342-1571 ATTN: Steve Pedersen		Generator's Site Address (if different than mailing address) 4640 Vermont place 105 Noyah CA 90027						
6. Transporter 1 Company Name Clean Harbors Environmental Service, Inc.		U.S. EPA ID Number WAD039322250						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address Clean Harbors Deer Park, LLC 2027 Independence Parkway South La Porte, TX 77571 Facility's Phone: 281-930-2200		U.S. EPA ID Number TXD055141378						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, (SHARPS), 6.2			01 DF		30	P	322 3191
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. CHS9979 : 185m in 1x160f 2. 3. 4.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Officer's Printed/Typed Name: Adam Smith Signature: [Signature] Month: 3 Day: 22 Year: 16								
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: [Signature] Signature: [Signature] Month: 3 Day: 22 Year: 16 Transporter 2 Printed/Typed Name: [Signature] Signature: [Signature] Month: Day: Year:								
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number:								
18b. Alternate Facility (or Generator) Facility's Phone: U.S. EPA ID Number:								
18c. Signature of Alternate Facility (or Generator) Month: Day: Year:								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. 2. 3. 4.								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 16a Printed/Typed Name: Signature: Month: Day: Year:								



Job Description / Comments: ARRIVED ON SITE & ASSESSED THE SITUATION.  
ASSISTED WPD / W SORTING OF TRASH & DRIS & REMOVED  
HAZ WASTE FOUND. AFTER SANITIZED ALL OPEN'S &  
BLEACH SOLUTION WHEN COMPLETE.

SHOP: 0700  
ARRIVE: 0800  
DEPART: 1000

Customer: INSTM  
Billing Address: 7714 MEDIA CENTER DR  
LOS ANGELES CA  
90065

PO # / COD Amount: SSPACAMP 028 213  
Per Diem: Yes / No (Circle One) If yes, how many?:  
Change Order Initiated: Yes / No (Circle One)

Contact: ADAM SMITH  
Job Location: 4640 VERMONT PI  
LOS ANGELES, CA 90029

Component Type			Task # / Description			Task # / Description			Task # / Description		
Name	Title	ID #	ST	OT	DT	ST	OT	DT	ST	OT	DT
<u>V. CASTILLO</u>	<u>PM</u>	<u>025411</u>									
<u>G. MUNOZ</u>	<u>DR</u>	<u>025311</u>									

Disposal	Write Description/Destination	Manifest #	Amount	Manifest #	Amount	Manifest #	Amount
LIQUID: Bulk / Drum							
SOLID: Bulk / Drum	<u>ALABAMAITE / DEEP PAIL</u>	<u>0094988994</u>	<u>1</u>	<u>0094946664</u>	<u>1</u>		
Pickup / Van / Car / Crew Cab (Circle One)		Quantity	Fleet #	# of Hr/Day	Quantity	Fleet #	# of Hr/Day
Vacuum Trailer							
Tractor							
Vacuum Truck, Straight							
Box Truck							
Cusco / Guzzler / Vector (Circle One)							
Air Compressor, 175 CFM							
Backhoe Loader 1 Yd bucket							
Bobcat Loader-Mini Excavator							
Reck Truck		<u>1</u>		<u>80187</u>			
Roll-off Truck, Straight							
Pressure Washer (PSI: _____) Hot / Cold (Circle One)							
Meter Type:							
<u>HAZ LABEL</u>		<u>2</u>		<u>CHES</u>			

Material Description	Quantity	Size	Quantity	Size	Quantity	Size
Drum Type: <u>16/OT/POLY</u>	<u>2</u>	<u>16</u>				
Drum Type: <u>2 IN 6</u>	<u>1</u>	<u>16</u>				
Rope Type: <u>1 ID</u>	<u>1</u>	<u>16</u>				
Degreaser Type: <u>BLEACH</u>	<u>1</u>	<u>16</u>				
Speed Dry						
Polycoated Rain Gear, 22mil						
Poly Sheet, 6mil, 20ft x 100ft						
Poly Bags, 6mil, per roll	<u>2</u>	<u>BAHS</u>				
Absorbent Pad (101 Grade) 100/bale						
Absorbent Boom Each						
Absorbent Boom Bale						
Duct Tape/Roll						
Safety Plan						
Roll-off Poly Liner						
5 Gal / 20 Litre Poly Drum 1H2	<u>2</u>	<u>56</u>				
<u>56 LID</u>	<u>2</u>	<u>56</u>				

Container Management				Size		Fleet #		Size		Fleet #		Size		Fleet #				
Roll-off / Intermodal / Frac Tank / Tanker (circle one)																		
Roll-off / Intermodal / Frac Tank / Tanker (circle one)																		
PPE Sets				Task 1	Task 2	Task 3	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty		
of Complete Sets of PPE Used:				1			PPED1	4	PPEB2		PPED1		PPEB2		PPED1		PPEB2	
of People in PPE:				4					PPEB3		PPEC2		PPEB3		PPEC2		PPEB3	
PPE1=Level D w/ (Tyvek, boots, gloves)				PPEC2=Level C w/ (CFF1, 2 or Poly Tyvek suit)			PPEC2		PPEB3		PPEC2		PPEB3		PPEC2		PPEB3	
PPE2=Level C w/ (CFF3 or Sarinex suit)				PPEC3=Level C w/ (CFF4 or Baricade suit)			PPEC3		PPEB4		PPEC3		PPEB4		PPEC3		PPEB4	
PPE3=Level B w/ (CFF2 or Poly Tyvek suit)				PPEA5=Level A w/ (CFF3 or Sarinex suit)			PPEC4		PPEA5		PPEC4		PPEA5		PPEC4		PPEA5	
PPE4=Level B w/ (CFF4 or Baricade suit)				PPEA5=Level A w/ (Responder suit)														
PPE Items Used in Addition to Sets Above				Quantity		Type		Quantity		Type		Quantity		Type				
Cartridge																		
Respirator																		
Suit																		
Inner Gloves																		
Outer Gloves																		
Breathing Air Bottle																		

Subcontractor Name	Description of Service	Description of Service	Description of Service
CHES Rep (Print) <u>VANESSA CASTILLO</u>	CHES Rep (Sign) <u>[Signature]</u>	Date: <u>3/22/16</u>	
Customer (Print) <u>ADAM SMITH</u>	Customer (Sign) <u>[Signature]</u>	Date: <u>3/22/16</u>	





CITY OF LOS ANGELES  
WATERSHED PROTECTION DIVISION  
HEALTH HAZARD CHECKLIST

Date: 3/22/16 Time: 0830 Case Number: 26033

Location Description: 4640 Vermont Pl

Item Description: Location 1

Health Hazard Determination :( check all that apply)

- ☐ Toxin / poison
- ☐ Flammable
- ☐ Corrosive
- ☐ Reactive
- ☐ Highly-compressed gas or liquid
- ☐ Motor oil or other petroleum oil
- ☐ Substances listed in Title 22
- ☐ Substances, wastes, or materials which may have come in contact with a hazardous substance or infectious agent.
- ☒ Substances, wastes, or materials which may be a potential health hazard
- ☒ Biohazard / infectious / sharp / infested material
- ☒ Contaminated items (see table below)

Contaminated items that were disposed of				
Clothing	Tent	Perishables	Book/toiletries	Others
				<u>matress</u>

Comments: \_\_\_\_\_

WPD Officer Name (Print): Adam Smith Signature: [Signature]





# CITY OF LOS ANGELES WATERSHED PROTECTION DIVISION HEALTH HAZARD CHECKLIST

Date: 3/22/16 Time: 6 900 Case Number: 26033

Location Description: 4646 Vermont Pl

Item Description: Location 2

Health Hazard Determination :( check all that apply)

- ☐ Toxin / poison
- ☐ Flammable
- ☐ Corrosive
- ☐ Reactive
- ☐ Highly-compressed gas or liquid
- ☐ Motor oil or other petroleum oil
- ☐ Substances listed in Title 22
- ☐ Substances, wastes, or materials which may have come in contact with a hazardous substance or infectious agent.
- ☒ Substances, wastes, or materials which may be a potential health hazard
- ☒ Biohazard / Infectious / sharp / infested material
- ☒ Contaminated items (see table below)

Contaminated items that were disposed of				
Clothing	Tent	Perishables	Book/toiletries	Others
<u>~25 items</u>				<u>Bulky items</u>
				<u>mattress</u>
				<u>rigid tent</u>
				<u>pillow</u>
				<u>etc</u>

Comments: \_\_\_\_\_

WPD Officer Name (Print): Adam Smith Signature: [Signature]





INVOICE  
Invoice No 1001313101

REMIT TO:  
Clean Harbors Env. Services  
PO Box 3442  
Boston, MA 02241-3442

RECEIVED

APR 15 2016

EIN: 04-2698999

SOLD TO:  
Cecilia Consebido  
Los Angeles City of  
2714 Media Center Drive  
Division # 7025  
Los Angeles, CA 90065 - 0000

Watershed Protection Division

OFFICE:  
Clean Harbors Environmental Service,  
Inc.  
2500 East Victoria Street  
Compton, CA 90220 - 0000  
(310) 764-5851

If you have any questions regarding this invoice, please  
contact your customer service representative at the  
telephone number listed above

JOB SITE/GENERATOR:

Los Angeles City of  
4640 Vermont Pl  
Los Angeles, CA 90029

Man # 9494666  
9498879

SSPACAMP 213

Case 26033

\*\* Payable in USD funds \*\*

Job Description: Homeless Encampment - Adam Smith 562-216-3932

Last Service Date	Invoice No	Customer	Branch	Sales Order	Purchase Order	Terms
22 Mar 2016	1001313101	LO0606	LF	1600930350	C-121334 SECTION 10.1.7	NET 60 DAYS

Last Service Date	Task	Task Type	Description	Total
22 Mar 2016	1600930350-001	GENERAL	Decontamination Services	\$994.62

SUBTOTAL \$994.62

TAX \$0.00

PLEASE PAY THIS AMOUNT → INVOICE TOTAL \$994.62

REMIT PAYMENT BY → DUE DATE 24 May 2016

Date Goods Received: 3/22/16  
Date Invoice Received: 3/22/16  
Date Vendor Met All City Requirements  
BTIC/VRN On File, if applicable  
LWO Documents On File, if applicable  
EBO Documents On File, if applicable  
Approved Insurance On File  
Comments: Co 16-121334 101 line 8  
Receipt Verification  
I certify that the materials, supplies, or services covered by this  
bill were received and/or verified by signed receipt on date  
shown below in compliance with the contract terms.  
Signature: [Signature] Date: 5/31/16

OKAY TO PAY:

WORK ORDER:

SSPACAMP 213

Interest will be charged at a rate of 1.5% per month for all past due amounts.

Invoice Date: 25 Mar 2016

PLEASE RETURN A COPY OF INVOICE WITH PAYMENT - THANK YOU

Page 1 of 2



**INVOICE**  
Invoice No 1001313101

TASK 1600930350-001 - Decontamination Services

Manifest Info	Item ID	Description	Manifest Qty	Manifest UOM	Billing Qty	Billing UOM	Unit Price	Amount
22 Mar 2016								
	TKUTIL	Stake Body/Utility Truck			3.500	HR	11.2700	\$39.45
	PPED1	Modified Level D (Tyvec, Gloves and Boots)			4.000	EA	11.1000	\$44.40
	PM	Project Manager			3.500	HR	42.1800	\$147.63
	DRIVER	Driver			3.500	HR	38.8500	\$135.98
	LABELS-HAZ	Hazardous Waste Labels			2.000	EA	1.1100	\$2.22
	DM16POLY	16 Gal / 70 L Poly Drum 1H2/Y56/S			2.000	EA	22.2000	\$44.40
	DMMATL	Drum Rings/Bolts/Gaskets			2.000	EA	14.4300	\$28.86
	DMLINLID	Drum Lid			2.000	EA	8.8800	\$17.76
	LINDRUM	Drum Liners			2.000	EA	1.6700	\$3.34
	DM5POLY	5 Gal / 20 Litre Poly Drum 1H2/Y1.5/60			2.000	EA	8.8800	\$17.76
	DMLINLID	Drum Lid			2.000	EA	8.8800	\$17.76
	DAY	Decon Material			1.000	DAY	6.6600	\$6.66
009494666FLE 1	DISPSL / D20	WASTE SYRINGES AND NEEDLES CH859479	1	16DF	1.000	16DF	233.1000	\$233.10
009494666FLE	TRAN	TRANSPORTATION			1.000	DRUM	11.1000	\$11.10
009498879FLE 1	DISPSL / D20R	Human feces LASTM-2222	1	16DF	1.000	16DF	233.1000	\$233.10
009498879FLE	TRAN	TRANSPORTATION			1.000	DRUM	11.1000	\$11.10
SUBTOTAL								\$994.62
TAX								\$0.00
TASK TOTAL								\$994.62



Job Description / Comments: **ARRIVED ON SITE & ASSESSED THE SITUATION. ASSISTED W/P W SORTING OF TRASH & DRIS. & REMOVED HAZ. WASTE FOUND. AFTER SANITIZED ALL AREAS W/ BLEACH SOLUTION WHEN COMPLETE.**

Customer: **LASTIM** PO # / COD Amount: **SEPACAMP 028 213**

Billing Address: **2714 MEDIA CENTER DR LOS ANGELES, CA 90065** Per Diem: Yes / No (Circle one) If yes, how many?: **1**

Contact: **ADAM SMITH** Task # / Description: **HOMELESS ENCAMPMENT**

Job Location: **4640 VETMONT PL LOS ANGELES, CA 90029** Task Complete: Yes / No (Circle one)

Component Type	Task Complete: Yes / No (Circle one)	Task Complete: Yes / No (Circle one)	Task Complete: Yes / No (Circle one)
<b>V. CASTILLO</b>	<b>PM</b>	<b>025411</b>	<b>3.5</b>
<b>G. MUNOZ</b>	<b>DR</b>	<b>025311</b>	<b>3.5</b>

Equipment Type: **ARABIANITE / DEER PARK 49887416** Quantity: **1** Size: **0094946416**

Pickup / Van / Car / Crew Cab (Circle one)

Vacuum Trailer

Tractor

Vacuum Truck, Straight

Box Truck

Caseco / Quacker / Vector (Circle one)

Air Compressor, 175 CFM

Backhoe Loader 1 Yd bucket

Bobcat Loader-Mini Excavator

Race Truck

Roll-off Truck, Straight

Pressure Washer (PSI): **2** Hot / Cold (Circle one)

Meter Type: **HAT LABEL**

Drum Type: **16 GAL / POLY** Quantity: **2** Size: **16**

Drum Type: **RING** Quantity: **1** Size: **16**

Drum Type: **LID** Quantity: **1** Size: **16**

Drum Type: **BLEACH** Quantity: **1** Size: **16**

Speedy Dry

Polycrystalline Rain Gear, 22 mil

Poly Sheet, 5 mil, 20' x 100'

Poly Bags, 5 mil, per roll

Absorbent Pad (101 Grade) 100/bale

Absorbent Boom Each

Absorbent Boom Bale

Duck Tape/Roll

Safety Plan

Roll-off Poly Liner

5 Gal / 20 Litre Poly Drum 112

**56 LID** Quantity: **2** Size: **56**

**56 LID** Quantity: **2** Size: **56**

Container Measurement

Roll-off / Intermodal / Frac Tank / Tanker (circle one)

Roll-off / Intermodal / Frac Tank / Tanker (circle one)

# of Complete Sets of PPE Used: **4**

Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty
PPED1	4	PPED2		PPED3		PPED4		PPED5		PPED6	
PPED7		PPED8		PPED9		PPED10		PPED11		PPED12	
PPED13		PPED14		PPED15		PPED16		PPED17		PPED18	
PPED19		PPED20		PPED21		PPED22		PPED23		PPED24	
PPED25		PPED26		PPED27		PPED28		PPED29		PPED30	

Cartridge

Respirator

Suit

Inner Gloves

Outer Gloves

Drinking Air Bottle

Analysis - Analysis Description

Subcontractor Name

Customer (Print): **VANESSA CASTILLO** CHES Rep (Print): **ADAM SMITH**

Customer (Print): **ADAM SMITH** CHES Rep (Print): **ADAM SMITH**

DATE: **3/22/16**

[illegible]



CASE # 26033

Call Out Sheet/City of Los Angeles LO0606/LO0606

Multiple Stop ER YES or NO please Circle Stop 1 of 4  
 Call Received: Date: 3-22-16 Time: \_\_\_\_\_  
 Time left shop 0700 no arrived site 0800 Time left site 1000  
 Time arrived TSDF \_\_\_\_\_ Time left TSDF \_\_\_\_\_ Time arrived shop/Next Stop 1030  
 CHES Employee taking call Javier Gabriel  
 Department \_\_\_\_\_ Mail Stop 756  
 Bureau Sanitation Work Order# \_\_\_\_\_  
 Division Watershed Protection Agency Division # 7025  
 Caller's Return Phone No. \_\_\_\_\_ Name: ADAM SMITH  
 Type of Incident ☐ Spill ☐ Dump ☒ Other  
 Time of Incident: \_\_\_\_\_ ☐ PM ☐ AM

Is material an IMMEDIATE environmental hazard (ex. Waste running down street OR  
 can it be scheduled for pick up at a later date (ex. An abandoned drum in alleyway)?

\_ Y N

City official Will Always be Required to Sign Manifests - No EXCEPTIONS

City Representative's Name? Adam Smith WPP  
 Signature of City Representative [Signature]  
 Location of Incident 4640 Vermont St  
 Case # 101 940125 CA 90029  
 Major Cross Streets \_\_\_\_\_ Thomas Guide Page/Gdd \_\_\_\_\_

Nature of Incident:

How much spilled? \_\_\_\_\_ Over what area? \_\_\_\_\_ Traffic Lane Closed?  
 Sewers/Storm Drained Involved? \_\_\_\_\_ Amt. Of Absorbent Down ?  
 Inventory of Materials/Chemicals ?

Hazardous Encasement

SWOs

1600930350 MANIFEST#009498879 FUE009494666 FUE

Internal Use Billable Hours	
Hours travel to site (1 hour max/2 after hours)	<u>1</u>
Hours on site	<u>2</u>
Hours Travel to Disposal Facility	_____
Hours Depart Disposal Facility	_____
Hours Return to Shop (1 hr Max)	<u>.5</u>
Hours to Subtract (Lunch)	_____
Total Hours to Bill	<u>3.5</u>

JOB DATE:

3-22-16

Form 4237 (Rev. 1-12-72)

1600930350 SCMA PPW 2 18 2016

EPA Form 3740-22 (Rev. 3-05) Previous editions are obsolete

DESIGNATED FACILITY TO DESTINATION STATE IF REQUIRED:

Clean Harbors has the appropriate permits for and will accept the waste the generator is shipping.





CASE #26033

010374

Please print or type. (Form designed for use on elite (12-pitch) typewriter) F 16009 30350 SC MA PPW 2/18/2016

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CA-S1-11111019	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 009498879	FILE		
5. Generator's Name and Mailing Address Los Angeles City of Bos 2714 Media Center Drive Watershed Protection Division # 7025 Los Angeles, CA 90065 Generators Phone: 323-342-1571 ATTN: Steve Pedersen								
6. Transporter 1 Company Name Clean Harbors Environmental Service, Inc. U.S. EPA ID Number: MAD039322250								
7. Transporter 2 Company Name SLT EXPRESS WAY INC. U.S. EPA ID Number: A2R000513720								
8. Designated Facility Name and Site Address Clean Harbors Aragonite LLC 11600 North Antus Road Grantsville, UT 84029 4358848100 Facility's Phone: 4358848100 U.S. EPA ID Number: UTD981552177								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	NONE, NON-RCRA HAZARDOUS WASTE, SOLIDS, (HUMAN FECES), N/A		01 DF		30	P	322 352 531
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. LASTM-2222 : 1X50F INTO 1X160F								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Officer's Printed/Typed Name: ADAM SMITH UPPD Signature: [Signature] Month: 13 Day: 22 Year: 16								
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Gregorio Munoz Signature: [Signature] Month: 3 Day: 22 Year: 16 Transporter 2 Printed/Typed Name: Olana Janson Signature: [Signature] Month: 3 Day: 31 Year: 16							
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____							
	18b. Alternate Facility (or Generator) Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____							
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H040 2. 3. 4.							
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name: Natasha Seal Signature: [Signature] Month: 14 Day: 14 Year: 16							



### Non-Infectious Certification

To: Clean Harbors Environmental Services, Inc.

I hereby certify that the waste material being shipped to Clean Harbors under Profile # LA STM 7222 has been rendered non-infectious and is neither infectious nor does it contain any organisms known to be a threat to human health. (this also includes materials which contain or have come into contact with tissue or body fluids derived from human or animal source)

This certification is based upon my knowledge of the material and:

☐ The waste was never exposed to potentially infectious materials.

☒ The following method of disinfection was employed:

Chemical Sterilization\* ☒

Other: \_\_\_\_\_

*Common Disinfectants	Check
Bleach Solutions <sup>1</sup>	<input checked="" type="checkbox"/>
Formaldehyde	<input type="checkbox"/>
Glutaraldehyde	<input type="checkbox"/>
Phenol	<input type="checkbox"/>
Other / Cleaners: (please specify)	<input type="checkbox"/>

THIS IS TO CERTIFY that the above is an accurate description of the methods used and all contents are specified and known.

Authorized signature: [Signature]

Date: 3/22/16

Generator Name: LA STM 649 of

Address: 4640 Vermont Pl.

L-A

Los Angeles CA 90029

<sup>1</sup> The Department of Labor (DOL) has acknowledged, and in agreement with the recommendations of the U.S. Public Health Service Centers for Disease Control, that a solution of 5.25% sodium hypochlorite diluted 1:10 with water is effective for disinfecting. Therefore, this is an acceptable method of disinfecting/sterilizing possibly contaminated waste

